

**CERTIFICATE OF VITAL RECORD**

**STATE OF IDAHO**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

Date Filed **NOVEMBER 26, 2002**

**CERTIFICATE OF DEATH**

State File No. **2002-08432**

DECEDENT - NAME <b>JAMES ELMER BAIRD</b>				AGE <b>87 YEARS</b>	
DATE OF DEATH <b>NOV. 22, 2002</b>		SEX <b>MALE</b>	SOCIAL SECURITY NUMBER <b>518-09-6508</b>	DATE OF BIRTH <b>JAN. 23, 1915</b>	
BIRTHPLACE <b>IDAHO</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>NO</b>		MARITAL STATUS <b>WIDOWED</b>	
SURVIVING SPOUSE (if wife, maiden name)		CITY, TOWN OR LOCATION OF DEATH <b>MERIDIAN, IDAHO</b>			
RESIDENCE STATE <b>IDAHO</b>		CITY, TOWN OR LOCATION <b>MERIDIAN</b>			
FATHER - NAME <b>ASA BAIRD</b>					BIRTHPLACE <b>UTAH</b>
MOTHER - FULL MAIDEN NAME <b>WINIFRED KIRKMAN</b>					BIRTHPLACE <b>UTAH</b>
NAME AND ADDRESS OF MORTUARY <b>ALDEN-WAGGONER FUNERAL CHAPEL, BOISE, IDAHO</b>					
FUNERAL SERVICE LICENSEE <b>COLLIN K. ROBERTS</b>					
METHOD OF DISPOSITION <b>CREMATION</b>		TIME OF DEATH <b>7:15 P.M.</b>		MANNER OF DEATH <b>NATURAL</b>	
CAUSE OF DEATH (underlying cause last) a. <b>PARKINSON'S DISEASE</b>					
b. DUE TO (or as a consequence of):					
c. DUE TO (or as a consequence of):					
d. DUE TO (or as a consequence of):					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above <b>CHRONIC MYELOGENOUS LEUKEMIA, CHF</b>					AUTOPSY PERFORMED? <b>NO</b>
NAME OF CERTIFIER <b>LISA MARIE HUNT, M.D.</b>				TITLE OF CERTIFIER <b>PHYSICIAN</b>	
<b>CORONER REVIEW AREA</b>					
ACTION				NAME	
<b>EXTERNAL CAUSES ONLY</b>					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

AMENDED: 12/09/2002

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DATE ISSUED: **DECEMBER 18, 2002**

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

*Jane S. Smith*  
**JANE S. SMITH**  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE